

Department of Disabilities, Aging and Independent Living (DAIL) Traumatic Brain Injury Program HCBS Work Plan

This document represents the DAIL's improvement and action steps to strengthen Vermont's Traumatic Brain Injury (TBI) home and community-based services system. It was developed as part of the State's Comprehensive Quality Strategy (CQS). The CQS calls for the systemic assessment of the alignment of Long Term Services and Supports with recent federal Home and Community Based Services standards related to person-centered planning and home and community based settings. The CQS also calls for an improvement and quality monitoring plan to address any areas of weakness based on the findings of the systematic assessment. TBI planning included the following activities:

- Presentation of the State's Proposed Comprehensive Quality Strategy and its relationship to the HCBS regulations to the DAIL Advisory Board (August 13, 2015);
- A review of policies and rules governing TBI operations (*State of Vermont Comprehensive Quality Strategy Systemic Assessment Section III State Standards: Home and Community Based Services Specialized Health Population: Traumatic Brain Injury Services (Pacific Health Policy Group, March 1, 2016)*);
- Distribution of and a solicitation for input on a draft work plan and alignment findings (by April 30, 2016);
- Posting of the draft work plan and alignment findings to the DAIL Adult Services Division and DVHA websites (by June 15, 2016);
- Presentation of the draft work plan and alignment findings at the TBI Advisory Board (May 17, 2016);
- Final collection of stakeholder feedback by July 15, 2016; and
- The State's review of stakeholder feedback and incorporation of changes in final work plan and findings report (July 31, 2016).

The primary lead for TBI program improvements/actions steps rests with the Department of Disabilities, Aging and Independent Living (DAIL). All improvements/actions steps will be managed in collaboration with program stakeholders, the Vermont Agency of Human Services (AHS) and the Department of VT Health Access (DVHA). The work plan will commence in June 2016 and is anticipated to be complete by May 2017.

TBI - Shared Living and Home-Based Services

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
<p>#1. <u>Commensurate with a persons individualized plan, needs and abilities</u> - The setting is integrated in and supports full access to community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving HCBS</p> <p>#3. Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint</p>	<p>Rehabilitation services assume community living; guidelines are silent on TBI long term services and supports program</p> <hr/> <p>TBI Provider manual does not address individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint</p>	<p>DAIL to update TBI provider manual to reflect standards across both programs.</p> <p>DAIL to update TBI Provider Manual – Sec. V Service Standards</p> <p>DAIL to update the TBI Provider Manual – Sec. IV Agency Standards</p> <p>DAIL to update the Individual Support Plan Guidelines for TBI services.</p> <hr/> <p>TBI Provider manual will be updated to include information about individual’s rights to bring TBI program in compliance with HCBS final rule</p>
<p>#6. (a) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.</p> <p>(b) For settings in which landlord tenant laws do not apply, the State must ensure that a lease,</p>	<p>Silent - Shared living agreement standards do not exist.</p>	<p>DAIL to adapt the Choices for Care Adult Family Care shared living agreement for use with TBI.</p>

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residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document <i>provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i>		
#8. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors	Standards are silent.	DAIL to adapt the Choices for Care Adult Family Care shared living agreement for use with TBI.
#10. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.		DAIL to update the Individual Support Plan Guidelines for TBI services.
#11. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.		DAIL to update TBI Provider Manual Sec. IV, V to include "Agreement for live in Care"
#12. Individuals are able to have visitors of their choosing <i>at any time.</i>		DAIL to update TBI Provider manual Sec. IV, V, DAIL Home Safety and Accessibility Standards
#14. Modification to HCBS Settings Requirements.	Provider documentation requirements are silent and could be stronger regarding modifications to the settings requirements.	DAIL to update TBI Participant Rights & Responsibilities DAIL to update TBI Provider manual to include language for Modification to HCBS Settings Requirements

Regulation: Person-Centered Planning	Findings	Proposed Improvements/Action Steps
#1. Includes people chosen by the individual and led by person or legal rep where possible	Guidance for Non-DA/SSA programs is missing.	DAIL to update the TBI Provider Manual – Program Standards section DAIL to update the TBI Provider Manual – Agency

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#2. Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions	Guidance for Non-DA/SSA programs is missing.	DAIL to update the Individual Support Plan Guidelines DAIL to update the Participant Rights & Responsibilities DAIL to update TBI Provider Manual Sec. IV,V to incorporate language and guidance for person centered planning.
#3. Is timely, occurs at times and locations of convenience to the individual	Standards are silent. Documentation requirements must be strengthened.	
#5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants	Guidance does not include Conflict of Interest policies	
#6. Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, <u>except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.</u> In these cases, the State must <u>devise conflict of interest protections including separation of entity and provider functions within provider entities,</u> which must be approved by CMS. Individuals must be provided with <u>a clear and accessible alternative dispute resolution process</u>		DAIL to update the TBI Provider Manual – Program Standards section to include language to bring standard in compliance with HCBS final rule DAIL to update the TBI Provider Manual – Agency Standards sec. IV to include language to bring standard in compliance with HCBS final rule.
#8. Includes a method for the individual to request updates to the plan as needed	Monthly meeting expectations	DAIL to update TBI Provider Manual Sec. VII 3. To be clear about expectation for monthly meetings.

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	could be stronger	
#15. Reflect risk factors and measures in place to minimize them, including individualized back- up plans and strategies when needed.	Crisis services and proactive plans are part of the service package however specific guidelines for back-up plans, creating negotiated risk agreements and crisis plans do not exist.	DAIL to update TBI Provider Manual Sec. IV to include Behavior Support Guidelines, guidelines for back-up plans, guidelines for creating negotiated risk agreements and crisis plan procedures.
#19. Be distributed to the individual and other people involved in the plan.	Guidelines indicate plans should be kept on file, but are silent on how copies are distributed	DAIL to update TBI Provider Manual Sec. IV,V to include distribution list in addition to record requirements. DAIL to update the Individual Support Plan Guidelines to include language regarding distribution. DAIL to update the Participant Rights & Responsibilities to include language regarding distribution.
#22. The person-centered service plan must be reviewed, and revised upon reassessment, at least every 12 months, when the individual’s circumstances or needs change significantly, or at the request of the individual.	Monthly meeting expectations could be stronger.	DAIL to update TBI Provider Manual Sec. VII 3. To be clear about expectation for monthly meetings.
In addition the TBI Program will also follow the expectations of Vermont’s CQS/STP	Activities to be included	DAIL to provide a self-assessment tool to TBI providers. DAIL, AHS and DVHA to evaluate results of the provider self-assessment tools. DAIL to solicit stakeholder feedback on updated documents. DAIL to incorporate feedback into documents. DAIL to Coordinate ASD quality activities with DVHA and AHS quality assurances under the Global Commitment Comprehensive Quality Plan (CQP)